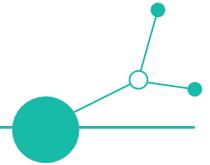


D.2.1.2 - DO'S AND DON'TS CHECK LISTS FOR BURNOUT SYNDROME PREVENTION



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1. INTRODUCTION

1.1. About the Project

The BURNOUT PREVENT project addresses the increasing incidence of anxiety, burnout, and depression among employees in small and medium-sized enterprises (SMEs) by strengthening their entrepreneurial skills. The initiative adopts a comprehensive perspective on burnout, recognising that its origins and impacts span three interconnected areas: the corporate environment, personal free time, and digital stress.

Anxiety and depression have become leading psychological difficulties in the workplace, contributing to more than 20% of all employee sick leaves. These challenges substantially reduce productivity, limit innovation, and collectively generate economic losses estimated at €202 billion each year in Central Europe. Businesses operating within smart specialisation domains face heightened risks, as they must continually respond to fast-changing and highly competitive global environments.

In response, the project supports SMEs in developing a robust framework for burnout prevention and resilience. It particularly focuses on three smart specialisation areas – Industry 4.0, Smart Health, and Sustainable Food – where demands for innovation and adaptability are especially high. By equipping both managers and employees with evidence-based knowledge, practical tools, tailored trainings and workshops, BURNOUT PREVENT aims to foster long-term well-being, strengthen organisational functioning, and enhance creativity and productivity.

1.2. Purpose of Deliverable

Deliverable “D.2.1.2 - Do’s and Don’ts check lists for burnout syndrome prevention” is part of Work Package 2, “Enhancing burnout preventive skills for S3 employees outside working time”. It belongs to activity “A.2.1 - Development and testing of “digital detox” activities for prevention of burnout syndrome in workers from S3 sectors outside of their working time.”

The deliverable includes personal experiences from burnout syndrome victims in seven countries. It presents seven stories of people who have successfully overcome burnout syndrome and the lessons they learned throughout the process. Based on these interviews, the deliverable provides a checklist of Do’s and Don’ts summarising what individuals should do if they find themselves in a similar situation.

1.3. Relation to Other Project Activities and Deliverables

Deliverable “D.2.1.2 - Do’s and Don’ts check lists for burnout syndrome prevention” is directly linked to the activities and outputs developed within Work Package 2, specifically activity “A.2.1 - Development and testing of digital detox activities for prevention of burnout syndrome in workers from S3 sectors outside of their working time.”

Within A.2.1, this deliverable follows “D.2.1.1 - Catalogue of digital detox activities”, which provides an overview of digital detox activities available to employees outside working hours and serves as a basis for selecting 2-3 activities for testing within focus groups. Deliverable D.2.1.2 also feeds into “D.2.1.3 - Transnational testing report of digital detox activities”, which will summarise the results of digital detox testing across seven countries.

Furthermore, D.2.1.2 will contribute to activity “A.2.2 - Development of personal guide for reduction of digital stress”, in particular to “D.2.2.1 - Personal guide for reduction of digital stress”, to provide preventive and curative guidance for workers in S3 sectors.



1.4. Contribution of the Project Partners

The preparation of “D.2.1.2 - Do’s and Don’ts check lists for burnout syndrome prevention” was led by work package leader PP3 UNIBA. UNIBA was supported throughout the process by the knowledge expert partners: PP2 NIOM, PP11 NNGYK, and PP12 HZJZ. Their contribution consisted primarily of reviewing the proposed methodology and providing expert feedback based on their specialised knowledge.

The testing partners: PP4 SBA, PP5 BCCI, PP6 CCIAA Padova, PP7 CCIS-CAFE, PP8 HGK, PP9 ARMSA, and PP10 bwcon GmbH, were responsible for conducting one interview each with an individual who had experienced and recovered from burnout. These interviews were carried out using the unified instructions and interview manual developed by PP3 UNIBA, ensuring consistency across all partner countries.

The lead partner PP1 E-zavod provided overall coordination and administrative guidance throughout the preparation of this deliverable.

2. METHODOLOGY

2.1. Design

This deliverable is based on seven semi-structured qualitative interviews, one conducted by each testing partner (PP4, PP5, PP6, PP7, PP8, PP9, PP10). Each interview followed procedure described in the prepared [Interview Manual](#), prepared by PP3. The interviews aimed to obtain in-depth accounts of personal experiences with burnout, including symptoms, reflection, causes, coping strategies, and lessons learned.

2.2. Participants

Interviews were conducted with seven people (five women and two men), one from each of the following partner countries: Croatia, Germany, Hungary, Italy, Poland, Slovakia, and Slovenia. All participants were adult individuals (mean age = 40.14 years, range 27-51 years) who had personally experienced and subsequently recovered from burnout. Participants were selected using a mandatory [Screening Questionnaire](#). Eligible individuals had to meet all of the following inclusion criteria:

- Experienced a period of significant physical and/or emotional exhaustion, demotivation, and detachment related to work.
- Reported functional impairment in work or daily life.
- Experienced symptoms lasting more than three months.
- Were currently stable and no longer experiencing burnout symptoms.
- Were able to reflect on causes and coping strategies.
- Agreed to voluntary participation and use of anonymised data for project purposes.

Only individuals who fulfilled these criteria were invited to participate. These criteria were chosen to verify the real-life experiences of individuals with burnout symptoms, since the diagnosis of “burnout” is not officially included in the list of recognized diseases.



2.3. Data Collection

2.3.1. Materials

An **Interview Manual** was developed. The manual contained the following core components:

- **Screening Questionnaire** - A short set of questions used to verify whether the individual had experienced burnout in the past to ensure that only eligible participants were included.
- **Informed Consent Form** - A standardized document outlining the purpose of the interview, data protection measures, rights of participants, and voluntary nature of participation.
- **Interview Guide** - A semi-structured guideline covering the main thematic areas to be discussed with participants: symptoms, reflection, causes, coping mechanisms, and conclusion/recommendations. It ensured consistency across all partner countries while allowing for open narrative responses.
- **General procedural instructions** - Detailed guidance describing all steps before, during, and after the interview. It also included instructions for transcription and translation of audio recordings into English, anonymisation procedures, and principles related to confidentiality and ethical data handling.

2.3.2. Procedure

2.3.2.1. Before the Interview

Interviewers first verified participants' eligibility using the **Screening Questionnaire**. They then presented the **Informed Consent Form** and obtained the participant's signature (physically or electronically, depending on interview format). Prior to starting, interviewers provided an introduction explaining the purpose of the interview, expected duration, data protection procedures, and the participant's rights.

2.3.2.2. During the Interview

The interviews were conducted either in person or online, depending on local arrangements. They were carried out by testing partners or by qualified professionals working with people (a psychologist, coach, or experienced human resources specialist). Interviewers followed the **Interview Guide**, maintaining the predefined order of questions while allowing participants to speak freely. Interviews were recorded in audio format (MP3), typically lasting around 60 minutes. The interviewer maintained an empathetic, professional manner.

2.3.2.3. After the Interview, Transcription and Translation

Audio recordings were saved securely and transcribed in accordance with the procedures described in the **Interview Manual**. Transcriptions were produced using Turboscribe or equivalent tools. Each transcript was translated into English and subsequently checked and corrected manually to ensure accuracy. Interviewers ensured that no personal identifiers remained in the transcript. **Screening Questionnaires** and **Consent Forms** were stored by each partner in compliance with data protection rules.



2.3.3. Ethical Considerations

All procedures adhered to the ethical standards described in the [Interview Manual](#). Participants provided [Informed Consent](#) before taking part, were reminded of their right to withdraw at any time, and were assured of the anonymity and confidentiality of their data. Anonymity was ensured by avoiding real names during recordings and anonymising all personal information in transcripts. All documents and recordings were stored securely in compliance with GDPR requirements (EU 2016/679). Interviewers ensured the wellbeing of the participant throughout the interview process, including empathetic, non-judgmental approach and were instructed to interrupt the interview if signs of distress appeared.

2.4. Analytical Approach

All interviews were analysed using a predefined coding template. The analysis followed a thematic approach aligned with standards for qualitative research proposed by American Psychological Association (Levitt et al., 2018). To ensure reliability, the coding was carried out independently by two researchers, with subsequent comparison and alignment of interpretations. Key information was extracted across categories such as symptoms, reflection, causes, coping strategies, and recommendations. A cross-country thematic synthesis was then carried out to identify recurring themes across all seven interviews.

3. RESULTS

3.1. Participant Profiles and Individual Stories

This section presents an overview of all seven participants who took part in the qualitative interviews. For each country, a separate subsection is provided. Each subsection contains a table with:

1. **Participant profile** - summarising key demographic and occupational information.
2. **Individual story** - a condensed narrative summary outlining the participant's experience with burnout.

3.1.1. Croatia

Table 1. Participant profile and individual story: Croatia.

Participant profile	
Gender	Male
Age	51
Job position at burnout	Project leader in science
Current job position	Coach, educator, trainer (entrepreneur)
Time since burnout	6 years
Individual story	
A 51-year-old man from Croatia, now working as an entrepreneur, experienced burnout six years ago while leading scientific projects. His journey into exhaustion began with an unsustainable routine of 15-16 working hours, a crushing blend of intense professional deadlines and demanding family care due to	



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his wife's health. Physically, this burnout manifested differently than a previous episode two decades earlier; this time it brought dizziness, pressure, anxiety, and deep fatigue. Previous symptoms were back pain, urticaria on the skin, itchiness, insomnia, and a feeling of depression. This altered his behaviour and relationships; at work, he became unable to function, shifting from a project leader to an advisor with diminished authority, which strained his rapport with colleagues. In his personal life, he withdrew completely, eliminating all interactions. The crisis culminated in a collapse at a concert, a definitive moment where he felt himself fall over the edge. Despite this clear breakdown, the healthcare system offered little clarity or support. Only after months of tests did a neurologist indirectly point to burnout. He identifies the roots of his condition in the combination of excessive workload and increased responsibilities at home, with difficulties setting boundaries in both areas. His recovery began with the essential step of complete withdrawal on sick leave, allowing his body to rest. He then sought medical tests, and actively engaged in restoration through daily walks in nature, meditation, and conversations with trusted friends and a therapist. However, he stresses that the most crucial and difficult step was making permanent life changes, specifically leaving his job, as temporary fixes would have led him back to the same precipice. Regaining full, satisfying work capacity was a long road, taking roughly three to four years. From this experience, his core advice is to listen to your body, seek education on stress, and talk openly with trusted people early on. He warns against superficial solutions, excessive overtime, and absorbing negativity from media or toxic relationships, all of which secretly fuel stress. Ultimately, he emphasizes that managing burnout comes down to personal responsibility - the power to change one's circumstances. His guiding principle is the reminder that "you have one chance" to build the life you want, not just endure the one you feel obligated to live.

3.1.2. Germany

Table 2. Participant profile and individual story: Germany.

Participant profile	
Gender	Female
Age	44
Job position at burnout	Textile engineer (R&D)
Current job position	Unemployed, seeking work
Time since burnout	2 years
Individual story	
<p>A 44-year-old woman from Germany, formerly working as a textile engineer in an R&D team, first began experiencing symptoms of burnout two years ago. She has been in recovery for about one year and is currently unemployed. Her difficulties began with gastrointestinal problems and exhaustion, and sleeping disorders as the first warning signs. The process of dealing with these symptoms led to various behaviour changes in her life, such as implementing naps in her office at work and reduced activity in her personal life. After a change of leadership at work she received a dismissal while she was sick. In her personal life she experienced several relationship changes, including reduced contact with others and being questioned about her state. Her condition was first identified as a burnout during a medical consultation by her family doctor. The labelling of the condition left her feeling relieved and understood. The main causes of the burnout were the constant need to fit in and to prove herself along with perfectionism, which has been her personal trait since childhood. The first steps she took when dealing with the burnout included attempts to relax in nature, dancing and relying on familiar and "normal" things. The coping mechanisms that proved the most effective were taking seminar to practice emotional awareness and receiving social support and encouragement. On the other hand, trivializing and downplaying her difficulties, which she</p>	



has experienced from others, were unhelpful. It took about a year for her to be able to fully function at work again. From her perspective, what other people should do is pay attention not only to psychological, but also to the physical health and pay attention to their boundaries. They should avoid people who invalidate their limits and pressure them to keep fighting. To prevent burnout, it is essential to recognize one's needs, maintain balance and take oneself seriously by prioritizing one's own well-being.

3.1.3. Hungary

Table 3. Participant profile and individual story: Hungary.

Participant profile	
Gender	Male
Age	39
Job position at burnout	Managing director in a small logistics company
Current job position	Owner of small business; freelancer supporting civil organizations and SMEs
Time since burnout	2.5 years
Individual story	
<p>A 39-year-old man from Hungary worked as the managing director of a small logistics company at the time he experienced burnout. He now remains the owner of the business but works mainly as a freelancer supporting civil organizations and small companies. His burnout began around two and a half years ago, with mostly psychological and emotional symptoms: a persistent sense of not being successful, lack of meaning in his work, pessimism, and deep fatigue. Despite having achieved the typical life goals he once valued, he felt that nothing he did was good enough. Over time he began engaging in avoidant behaviours, such as watching TV series during working hours, followed by working late into the night, which created conflict at home. He also gained weight and was often mildly ill. He did not recognize the situation as burnout until much later - in hindsight, after recovery. A major cause of his burnout was the absence of meaningful goals. He also felt trapped in a cycle of constant problem generation at work, believing he had to solve everything himself. Personal belief systems (such as needing to work hard for success and a sense that he was not persistent) further undermined his ability to appreciate his achievements. The coping process began when he sought help from an organizational developer/psychologist after reaching a point of not wanting to go to work. The most important factors in his recovery were gaining new perspectives on his achievements, exploring spirituality as a new interest, and undergoing intense self-awareness training that helped him navigate his emotions. Structural changes at work, including hiring an operations manager, were also crucial. Full recovery took about 1.5 to 2 years. His recommendations for others include seeking help earlier, pausing to reflect, trying new activities, and considering volunteer work or new interests to break negative cycles. He warns against hiding the problem or feeling ashamed. Ultimately, he views his burnout as a difficult but transformative journey that led to a better life, advising others to embrace the process of change.</p>	

3.1.4. Italy

Table 4. Participant profile and individual story: Italy.

Participant profile	
Gender	Female
Age	37



Job position at burnout	Project manager in a mid-sized company
Current job position	Freelance consultant in EU projects
Time since burnout	3 years
Individual story	
<p>A 37-year-old woman from Italy experienced burnout around three years ago while working as a project manager in a mid-sized company. She described a gradual decline that began with tiredness and developed into emotional numbness, insomnia, irritability, headaches, and stomach pain. Her motivation dropped sharply, and she found herself staring at emails unable to respond. At work, she withdrew from colleagues, avoided meetings, delayed decisions, and stopped asking for help. In her personal life, she became increasingly isolated, avoiding friends and even her partner, spending evenings scrolling on her phone. These changes also damaged her relationships, as others distanced themselves when they sensed something was wrong. She realized the severity of her condition after freezing during an important presentation and being sent home by her supervisor. She consulted a doctor who first labelled the condition as burnout, and later a therapist helped her understand underlying patterns. Labelling brought mixed emotions: embarrassment about “failing”, but also significant relief because she finally understood what was happening. She identified several causes of her burnout: excessive workload, constant pressure, difficulty setting boundaries, and strong perfectionistic tendencies. Her belief that resting was lazy and her habit of saying “yes” to everything pushed her beyond her limits. Personality factors, including a lifelong need to excel and be “the best”, amplified the problem. Her recovery began with a two-month medical leave, consistent therapy, lifestyle adjustments such as healthier routines, and establishing strict boundaries around work time. She gradually introduced rest practices and reduced her volunteering for additional projects. The most important elements in her recovery were emotional support from her partner and family, therapy, and learning to set boundaries. She returned to full work capacity after about a year and later changed her career path to become a freelance consultant, allowing her more control over workload and personal time. Unhelpful advice during her burnout included suggestions like “just relax” or “find a hobby”, which she perceived as dismissive. Her main recommendations today include viewing work as only one part of life, not overloading oneself to please others, and never sacrificing personal life or rest for work.</p>	

3.1.5. Poland

Table 5. Participant profile and individual story: Poland.

Participant profile	
Gender	Female
Age	27
Job position at burnout	Manager at a cinema
Current job position	Research assistant
Time since burnout	3 years
Individual story	
<p>A 27-year-old woman from Poland, now working as a research assistant, experienced burnout three years ago while working as a cinema manager. Her first signs were a noticeable loss of patience and increased irritability, coupled with a decline in motivation that made even basic tasks feel overwhelming. She also began to experience fatigue and high tension, often reacting with unexpected crying spells and needing</p>	



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more frequent breaks. Feedback from her team confirmed that her behavior had changed, becoming less attentive and patient, which helped her realize something was wrong. The relentless stress from managing crisis situations and dealing with the most difficult clients left her perpetually exhausted. This strain extended into her personal life, deteriorating her romantic relationship and causing her to withdraw from interactions, as she no longer had the energy for activities she once enjoyed. She reached her breaking point when she found herself arriving early to work just to cry before her shift began, realizing this was not sustainable. The main causes of the burnout were elevated stress levels, holding a steady role while being stressed and dealing with challenging clients combined with personal traits such as perfectionism, inability to say no and prioritizing others. The pivotal step in her recovery was the decision to quit her job entirely, which brought immediate psychological relief. Crucial support came from her family and her partner. Engaging in therapy was fundamental, helping her understand her perfectionist tendencies, her inability to set boundaries, and her pattern of prioritizing others' needs above her own. It taught her to recognize her limits and the importance of assertive communication. Full work capacity returned after 2-3 months. Her key advice for others is to avoid escape mechanisms like alcohol or avoidance, and instead to seek professional help early. She emphasizes the critical importance of learning to set and communicate personal boundaries from the start of any job, clearly separating work from personal time, and focusing on self-care to build resilience against chronic stress.

3.1.6. Slovakia

Table 6. Participant profile and individual story: Slovakia.

Participant profile	
Gender	Female
Age	36
Job position at burnout	Chief public prosecutor
Current job position	Coach and mentor for people with burnout
Time since burnout	Experienced 3 burnouts, the last one 2 years ago
Individual story	
<p>A 36-year-old woman from Slovakia experienced three distinct periods of burnout (2015, 2021, 2023). She formerly worked as a Chief Public Prosecutor. Today, she works as a coach and mentor for individuals going through burnout. The warning signs were long-term and cumulative, including emotional exhaustion, increased sensitivity to noise, and insomnia. This manifested physically (severe cough, exhaustion) and mentally (feelings of falling apart, anxiety). At work and in her personal life, she withdrew, experienced mobbing, and was plagued by guilt. She did not immediately label her state as "burnout" but later identified it as a "breaking point" when she realized "this cannot go on any further." Giving it a name helped her understand that her life was a gift, not a sacrifice for others. Ultimately, this brought clarity and the resolve to change her life's direction. She attributes the causes to a combination of workplace stress (demanding position, mobbing, bossing) and deep-seated personal patterns. These included being a "good girl" (a people pleaser), an inability to set boundaries, suppressing her own needs, perfectionism, and childhood trauma. These patterns led her to choose unfulfilling jobs and tolerate toxic behaviour at work (gaslighting) and in her personal life. The first recovery steps involved leaving the toxic environment - moving away from her husband, selling the apartment, and subsequently quitting her job. A pivotal step was attending a coaching course, which helped her identify and change her internal beliefs, learn to set healthy boundaries, and find inner strength. Self-reflection, gratitude, and seeking a higher meaning also played crucial roles. Regaining full capacity and inner peace was a gradual process lasting months to years. Her key recommendations for others and her past self include setting clear and healthy</p>	



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boundaries, allowing time for silence and self-reflection, cultivating an inner conviction that "it will get better," practicing gratitude for small things, and finding activities that bring genuine joy and regulation (like baking or reading). Avoid taking superficial advice "just relax" from those who haven't shared the experience to heart. Understand that recovery is a slow process of rebuilding on new foundations, not a quick fix. Ultimately, the most crucial help must come from within, from finding and trusting one's own inner strength and future self.

3.1.7. Slovenia

Table 7. Participant profile and individual story: Slovenia.

Participant profile	
Gender	Female
Age	47
Job position at burnout	Management position
Current job position	Same management position
Time since burnout	4 months
Individual story	
<p>A 47-year-old woman from Slovenia experienced burnout 4 months ago while working in the managerial position. She currently works in the same position. The first symptom that made her slow down after years of overexertion was severe lower back pain. Throughout the burnout period, she experienced a lack of momentum and an increased fatigue with simple tasks, which led to increased need for breaks and task delegation in the workplace. The facts that she held a managerial position and needed to take a break from work contributed to the absence of a person "who keeps everyone together". In her personal life, she started to withdraw socially and therefore neglected some of her social contacts. By the third or fourth month she identified her condition as a burnout after educating herself on the topic. She felt relieved no longer having to live in uncertainty about her state. The main causes of a burnout were the lack of rest, excessive time-consuming tasks, and extended timeframe of experiencing demanding tasks and pressure. In addition, her journey to burnout was fuelled by an internal drive to be strong, handle everything herself, and succeed in her career while building a house and raising three children alone. During the recovery, she first focused on the recovery of physical pain, which didn't make her mentally better, so she tried psychotherapy as well. She underwent neuromuscular therapy, which she found to be very effective. She considers the combination of burnout identification, regaining physical strength, employer's understanding, and self-prioritization to be equally important for her recovery. Over approximately four months, she gradually regained her capacity to work. She suggests living in balance, educating oneself on the topic and recognizing and paying attention to physical cues. Individuals should avoid pushing themselves beyond their personal limits. To prevent burning out people should listen to each other. She emphasises finding the right balance, maintaining a routine and not exceeding one's limits.</p>	

3.2. Thematic Analysis and Cross-Case Synthesis

This section presents a cross-case synthesis based on thematic analysis of all seven interviews. The analysis focuses on four central thematic areas - symptoms, reflection, causes, and coping - which emerged consistently in the accounts of individuals who experienced and recovered from burnout. The purpose of



this section is to summarize the most salient and repeatedly mentioned elements within each theme. These synthesized insights form the foundation for the Do's and Don'ts checklist presented later in the deliverable.

Table 8. Cross-case thematic synthesis of burnout experiences.

Thematic area	Key findings
<p>Symptoms <i>refers to the signs participants experienced as part of their burnout.</i></p>	<ul style="list-style-type: none"> ▪ Physical symptoms (chronic fatigue/lack of energy, sleep problems, headaches, stomach pain, gastrointestinal problems, back pain, muscle tension, cramps, dizziness, pressure, skin reactions such as urticaria or itchiness, increased vulnerability to infections, hypersensitivity to noise) ▪ Emotional symptoms (irritability, reduced patience, sadness, pessimism, feelings of depression, unexpected crying episodes, guilt, shame, loss of motivation and internal drive) ▪ Cognitive symptoms (difficulty concentrating, reduced effectiveness at work, trouble making decisions, loss of sense of accomplishment, lack of meaning) ▪ Work-related behavioural changes (procrastination, avoidance, needing more breaks, difficulty completing even simple tasks, overworking, overcommitment, delegating tasks or being reassigned tasks due to reduced performance, reduced patience and increased irritability with colleagues) ▪ Personal life behavioural changes (social withdrawal, isolation, absence from social interactions, neglect of self-care, emotional suppression, loss of interest in hobbies or previously enjoyable activities, inability to relax, constant inner tension, passive behaviours, conflicts at home due to exhaustion or irritability) ▪ Workplace relationship changes (distancing from colleagues, loss of authority or status, feeling drained by others, conflicts or tension with co-workers, bullying, mobbing, gaslighting) ▪ Personal relationship changes (emotional withdrawal from partners, children, or family members, reduced emotional connection, strained romantic relationships)
<p>Reflection <i>refers to how participants recognised, understood, and emotionally processed their burnout.</i></p>	<ul style="list-style-type: none"> ▪ When burnout was identified: identification following a “breaking point” (e.g., physical collapse, severe exhaustion, uncontrollable crying before work, freezing during a presentation), identification after prolonged physical symptoms, retrospective recognition (after recovery) ▪ Who identified the condition: medical professionals (doctor, neurologist, psychologist), self-recognition (through reading about burnout or reflection), social environment (colleagues, feedback from others) ▪ Feelings about the burnout label: relief, validation, mixed emotions (relief + embarrassment or insecurity), neutral acceptance



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<p>Causes</p> <p><i>refers to the work-related pressures and personal predispositions that contributed to the development of burnout.</i></p>	<ul style="list-style-type: none">▪ Workload and task-related overload (excessive workload, long working hours, working at night, pressure to deliver, perform, or manage everything alone, time-consuming tasks, high-stress job conditions)▪ Toxic or unsupportive work environment (bullying, mobbing, gaslighting, misalignment with new leadership or organisational changes, lack of support from colleagues or supervisors)▪ Lack of boundaries and overcommitment (inability to say “no”, taking on too many tasks or responsibilities beyond one’s role, difficulty resting or slowing down, overcommitment to work and others’ needs, putting others first at the expense of personal well-being)▪ Family, financial, and life stressors (family health crises, financial problems, single parenthood and caregiving burdens, accumulated responsibilities at home)▪ Psychological dispositions (perfectionism, need to prove oneself, strong achievement orientation, high sense of responsibility often from childhood conditioning, people-pleasing, difficulty asking for help, emotional suppression or difficulty processing emotions, beliefs about success and performance)▪ Loss of purpose, meaning, and motivation (loss of goals or direction, aimlessness, lack of interest)
<p>Coping</p> <p><i>refers to the strategies, actions, and support systems participants used to manage, recover from, or adapt to burnout.</i></p>	<ul style="list-style-type: none">▪ Immediate withdrawal and rest (sick leave, physical withdrawal from workload and responsibilities, stepping away from toxic or stressful environments, resting, sleep recovery, and reducing obligations)▪ Professional support (psychotherapy, neuromuscular therapy, emotional-awareness seminars, consultation with psychologists, coaching programs)▪ Lifestyle adjustments and self-care (spending time in nature, walking, meditating, developing a rest routine with planned breaks, engaging in movement or dance, prioritizing sleep and physical recovery, creating space for new interests)▪ Boundary setting and redefining priorities (learning to say no, reducing workload and responsibilities, delegating tasks, avoiding overcommitment)▪ Social support (support from a partner, family members, friends, professionals providing validation)▪ Cognitive and emotional reframing (self-acceptance, understanding burnout as a systemic - not personal - failure, strengthening emotional awareness, reframing beliefs about performance and success)



Across all seven interviews, participants described a combination of physical, emotional, and cognitive **symptoms** of burnout. Behavioural and relationship changes appeared both at work and in personal life. Participants typically **recognized** burnout after a breaking point. In several cases, burnout was first identified by a doctor or therapist, while others only understood their condition retrospectively after learning more about burnout. The emotional response to the diagnosis was largely relief, as it provided an explanation for their difficulties. Some experienced mixed emotions, but most viewed the label as a turning point that enabled them to seek help and take burnout seriously. The **causes** of burnout were multifaceted and spanned both work-related pressures and personal predispositions. **Coping** with burnout involved a combination of rest, professional support, lifestyle and boundary changes, and major life decisions, often accompanied by emotional readjustment and social support. Recovery was typically long-term, ranging from several months to several years.

3.3. Do's and Don'ts Checklists

The checklists are based on a cross-case thematic analysis of seven semi-structured interviews conducted across partner countries with individuals who have experienced and successfully recovered from burnout. The listed Do's (helpful practices) and Don'ts (behaviours to avoid that may hinder recovery or exacerbate burnout) summarize recommendations and lessons learned that emerged from these personal accounts.

Based on the analysis, two versions of the Do's and Don'ts checklist were developed: a concise quick-reference version and an extended version with detailed recommendations. The short version aims to support rapid understanding and communication, while the extended version provides more nuanced and context-specific guidance derived from interview material. The short version can be found in Table 9, the extended checklist is available in Annex.



Table 9. Do's and Don'ts for burnout prevention and recovery.

 DO'S (recommended actions)	
	Set and communicate boundaries - say “no” without feeling guilty at work and in personal life.
	Maintain work-life balance and clearly separate work from free time.
	Listen to your body and take early physical or emotional signals seriously.
	Seek support early - talk openly with colleagues, friends, or professionals.
	Practice self-reflection - silence, identifying needs, self-awareness.
	Plan regular rest and recovery - micro-breaks, quiet rituals, moments of solitude.
	Educate yourself about stress, burnout, and healthy coping strategies.
	Try new activities (volunteering, hobbies) to regain balance and perspective.
	Delegate when possible and let go of unnecessary control.
	Take small, steady steps toward balance and lifestyle adjustments.
	Act preventively – don't wait until exhaustion becomes overwhelming.
 DON'TS (behaviours to avoid)	
	Ignore physical or emotional warning signs (“I can still handle it”).
	Overcommit or push yourself beyond your personal limits.
	Work chronic overtime or sacrifice rest and personal life for work.
	Stay silent or avoid issues instead of addressing them.
	Remain in toxic environments or around people who pressure you to push harder.
	Seek external validation or prioritize pleasing others over your health.
	Mask symptoms with quick fixes (coffee, sugar, overeating).
	Fill all your free time with obligations instead of genuine rest.
	Ignore the need for major change (e.g., leaving a harmful job).



4. CONCLUSION

This deliverable provides evidence-based insights into burnout prevention derived from real-life experiences of individuals who have successfully overcome burnout across seven partner countries. Using a structured qualitative methodology, the interviews reveal common patterns in symptoms, causes, coping strategies, and recovery pathways. The resulting Do's and Don'ts checklist translates these experiences into practical guidance that can help individuals recognize early warning signs, respond effectively, and adopt preventive strategies. By integrating lived experiences with actionable recommendations, this deliverable supports the development of more sustainable, human-centred approaches to wellbeing and burnout prevention among the working population.

REFERENCES

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ANNEX

The checklist included in the annex represents the extended version of the Do's and Don'ts developed from the thematic analysis of interviews with individuals who recovered from burnout. It provides more detailed, explanatory guidance and is intended for use in training, implementation, and awareness-raising activities. The checklist can be used by professionals, organisations, and individuals to quickly recognise helpful practices (Do's) and avoid behaviours that may hinder recovery or exacerbate burnout (Don'ts).

Table A1. Extended version of Do's and Don'ts for burnout prevention and recovery.

 DO'S (recommended actions)
<ul style="list-style-type: none">■ Listen to your body<ul style="list-style-type: none">□ Notice fatigue, irritation, pain, and early warning signs.□ Treat physical symptoms seriously; visit doctors when needed.■ Set boundaries<ul style="list-style-type: none">□ Speak openly about your needs or limits.□ Say “no” without feeling guilty.□ Keep work and free time separate whenever possible.□ Delegate when possible and let go of unnecessary control.■ Seek support early<ul style="list-style-type: none">□ Talk openly with trusted people (friends, family) or professionals (therapist or someone trained to help).□ Let others help – you don't have to do it all.■ Cultivate balance<ul style="list-style-type: none">□ Maintain work-life balance; plan rest proactively.□ Use micro-breaks (5 minutes of silence, breathing, stretching).■ Practice self-awareness and reflection<ul style="list-style-type: none">□ Engage in self-reflection, journaling, silence, time alone.□ Learn what drains and recharges your energy (energy inventory).■ Make lifestyle and mindset changes<ul style="list-style-type: none">□ Explore new activities, volunteering, or small positive changes.□ Slow down, pause, notice what is happening inside you.■ Grow slowly and wisely<ul style="list-style-type: none">□ Learn about burnout and what keeps you healthy.□ Try new activities that give meaning or joy.□ Take small steps; don't expect instant changes.



DON'TS

(behaviours to avoid)

- **Ignoring your body's signals**
 - Don't push yourself past your limits.
 - Don't suppress fatigue with coffee, sugar, or overeating.
 - Don't only treat the symptoms (like headaches) without addressing the real issue.
- **Overloading yourself**
 - Avoid constant overtime and endless tasks.
 - Don't promise too much or say yes to everything.
 - Don't fill your free time with more obligations.
 - Don't push past your own limits.
- **Staying in harmful environments**
 - Don't ignore the need for fundamental change (e.g., leaving toxic jobs).
 - Avoid people who pressure you to "keep going."
- **Emotional pitfalls**
 - Don't depend on others' approval.
 - Don't avoid uncomfortable emotions – face them gently.
 - Don't stay silent about your struggles.
- **Seeking validation and perfectionism**
 - Don't please others as the expense of your health.
 - Don't try to prove that you can "handle more".